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Effectiveness of the self-management intervention deprexis®24 in routine medical care : results of a non-interventional study.

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Introduction: Numerous trials attest to the effectiveness of the self-management intervention deprexis®24¹. The subjects in most of these studies were self-selected patients recruited outside routine clinical practice. Two published RCTs have examined the efficacy in in- and outpatient psychotherapy, respectively²⁻³. We have investigated the feasibility and efficacy of this intervention in routine medical care using a non-interventional design.

Methods: A total of 104 patients with a depressive disorder (60.58% female, mean age 45.82 yrs) received 12 week access to the intervention in addition to their usual psychiatric care (74.04% took concomitant antidepressant medication). The effectiveness of the intervention was assessed using the clinician-rated short version of the Montgomery Asberg-Depression Scale (svMADRS) and the Patient Health Questionnaire (PHQ-9), a self-rating scale for depressive symptoms. Outcomes were assessed at weeks 3, 6 and 12. Missing values were replaced using LOCF.

Results: Most patients reported using the intervention at least once, among these users the mean number of sessions was 18.05 (SD 11.33). Only a minority of patients received the guided version of the intervention ($n = 7$). The severity of depressive symptoms decreased significantly ($p < .0001$) over the observation period from 29.72 (SD 10.03) to 15.73 (SD 9.74) for the svMADRS (Cohen's $d = 1.42$, 95% CI 0.08 – 2.76) and from 15.20 (SD 5.03) to 8.77 (SD 5.03) for the PHQ-9 ($d = 1.29$, 95% CI 0.60 – 1.97).

Discussion: The pre-post effect size observed for the reduction of depressive symptoms observed in this study is comparable to the pre-post effect size reported in an RCT using the same intervention in patients suffering from depressive symptoms of the same severity⁴. Limitations of this study include the lack of a control group and the recruitment that lagged far behind our initial recruitment targets.

Implications for everyday practice of CBT: Our non-interventional study conducted in outpatient psychiatric practices confirms results from numerous RCTs. Taken together, these data show that deprexis®24 can be used successfully in the routine care of depressed patients.

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Figure 1: Screenshot of deprexis®24 illustrating the interactive nature of the program: content based broadly on cognitive behavioral therapy is presented in simulated dialogues (e.g., cognitive restructuring, behavioral activation, acceptance and mindfulness, etc.). The program also contains audio recordings, worksheets, summary sheets and brief automatic daily messages.

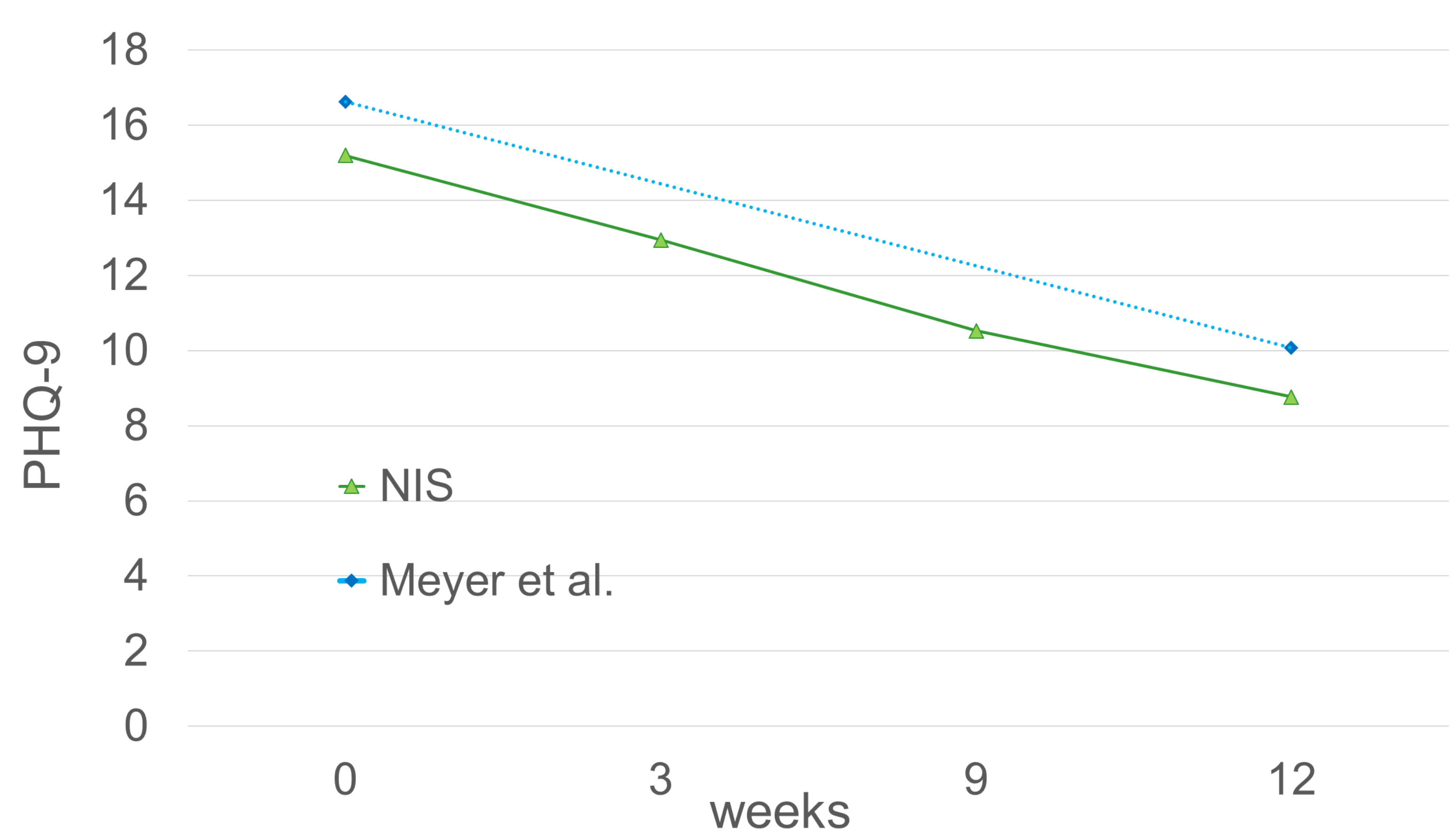
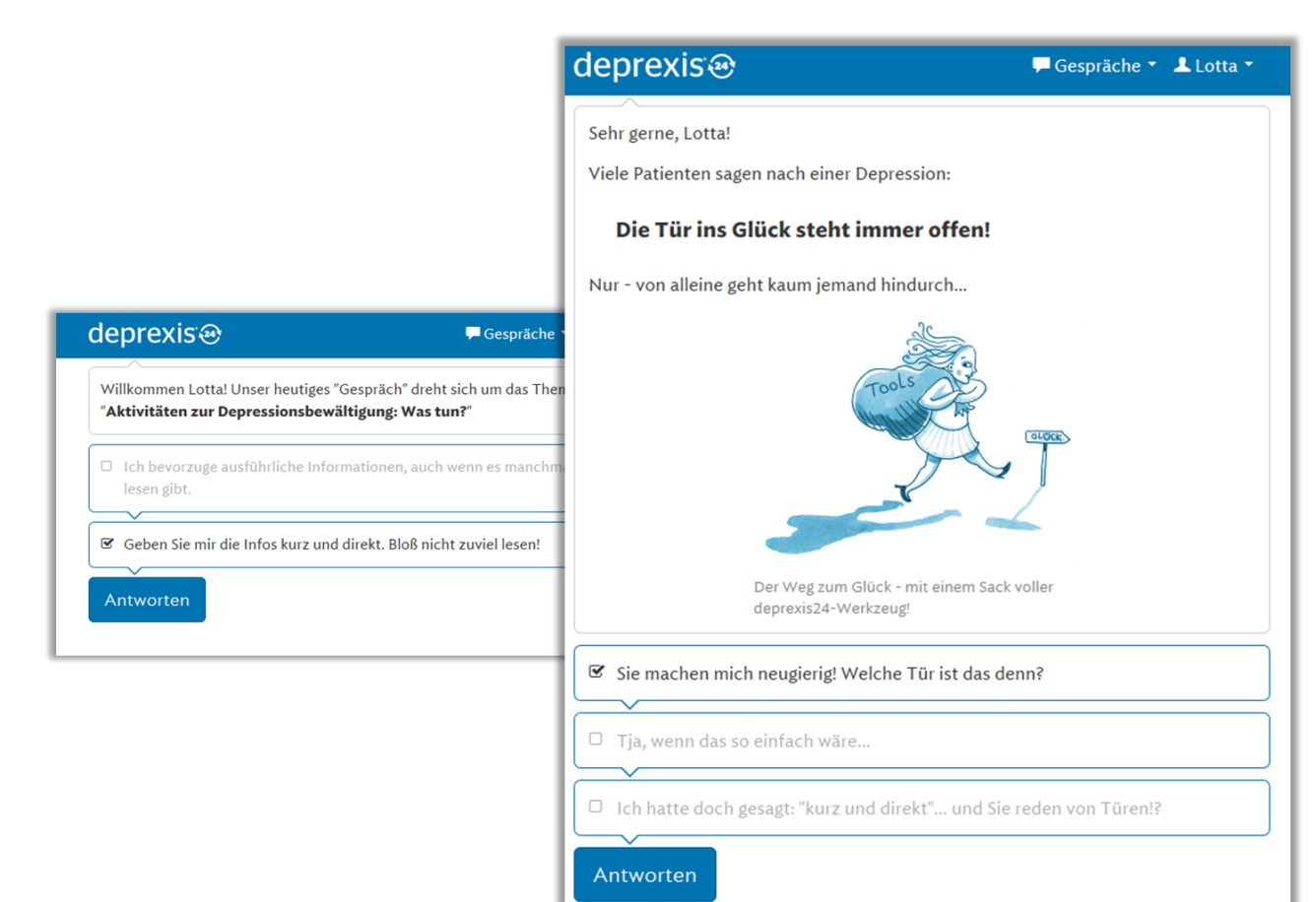


Figure 2: Line graph depicting change of depressive symptoms as measured by PHQ-9 in this non-interventional study (NIS) compared with the change in the intervention group in a randomized trial comparing deprexis with treatment as usual (Meyer et al).